

Vero Beach Veterinary Hospital Release Form

Owner _____ Patient _____ Date _____

Phone Numbers You Can Be Reached On:

Home: _____ Cell: _____ Work: _____

Procedure/Treatment:

I understand that microchipping is the mainstream mode of identifying and connecting lost pets with their owner. I would like to have this service performed on my pet while he/she is here. YES NO

I hereby authorize Vero Beach Veterinary Hospital to perform such diagnostic, therapeutic, and surgical procedures as are in their opinion, necessary and advisable for treatment and maintenance of my pets health and well-being. The nature of such services has been prescribed to my satisfaction and while I expect all procedures to be done to the best of the professional staff's abilities, I realize that no guarantee or warranty can ethically or professionally be made regarding a result or outcome.

I authorize the hospital director and staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as necessary for the well-being of my pet on a continuing basis until further advised in writing.

I understand that I assume full financial responsibility for all services rendered to my pet and that complete payment is due upon the release of my animal to me.

In the event of abandoning my pet, I hereby authorize Vero Beach Veterinary Hospital to humanely dispose of such pet after 10 days of written abandonment notice received to owners address on record.

I also understand that all of the extensive hospital procedures require a deposit before leaving premises.

Signature: _____ Date: _____